V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County	Registration Dist. No. 254
Village or City Too soulle	No. outside St. Ward
Length of residence in fity or them whose death occurred 37 yrs. 10 mes.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? vrs. mos. ds.
	74
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the void)	21. DATE OF DEATH (Month) (Day) (Yafr)
5a. Indiarriad, widowed, or divorcad HUSBAND of (or) WIFE of Aug. S.	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	I last saw h. 1 aliva on 1001 7 4 , 1937; death is said
7. AGE Years Months Days II LESS than	to heve occurred on the date stated abova, at 30m.
37 10 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	
	Javar pullumonia
9/industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end	
year) occupation / 3	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Waged Duries	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of connitivity	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth wes due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BUMAL, CREMATION, OF SEMOVAL	Manner of Injury
Place The Data NOV-26937	Neture of Injury
19. UNDERTAKER Mrs annie W. Eddins	24. Wes disease of injury in any way related to occupation of decased?
(Addrass) Centreville - md.	If so, specify
20. FILED NOV. 25, 1937 Delen M. aldin	(Signed) MO Devenue M. M. M. M. (Address) Devenue M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial new	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				Table 1	

ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
county Lucen auce	Registration Dist. No. 253
Village or City Stevensvelle	No. St., Ward
// /	death occurred in a hospital or institution, give its NAME instead of street and number) 2. 2. ds. How long In U.S. if of foreign birth?mosds.
1/ / / 4	-110 b
2. FULL NAME Hamman Chingell	Mad (II to Sector and, specify WAR
(a) Residence: No. (Usual place of skylde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ST.
Fernale Maite without	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Stalphy 3. Cook	22. Oat: 10 SERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) DAN 9 ta	lest saw has alive on Nov. 10 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 a.m.
75 D 22. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8 Trade profession or particular	Chronic interstitial inglinitio 1935
kind of work done, as SPINNER, Housefulle	gaugaema of abound
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Herria with iles -coesal July 193
SAW MILL, BANK, etc	fightla
o this occupation (month and spent in this occupation occupation	Chronic cysulis + pysules 1936
12 /4.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	commendad to Cold broad
1 1 2 2 2 2	for course to up relaisse 1926
14. BIRTHHACE (city or town) Balto	Name of operation. Date of
Z 14. BIRTHE ACE (city or town) 2 2 170 (State or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Hama M. Thuis	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harra M. Thair 16. BIRTHPLACE (city or town) Baltimore (State or country)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Les Edite Dowers	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Alexensiólo m	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Commente Date Date J., 19.3/	Nature of injury
19. UNDERTAKER & Cothomas	24. Was disease or injury in any way related to occupation of deceased?
(Address) Styvensville Und	If so, specify
20. FILED MAN 1 1937	(Signed) M. D.
Registrar.	(Address) Stocus vice

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		(A 1/2 A)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
	0
Coles	Registration Dist. No.
Village or City State Stee V	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Excest Plandolph	Ta shaill
2. FOLL MAINE OF COUNTY OF COMMENT	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. CHERE, BY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 17-1931	I last saw h. alive on US 16 ,1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 f LESS tha 1 day, ormin.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aleur Meningetis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
- this occupation (months and	
12. BIRTHPLACE (city or town) Suster (State or gountry) 13. NAME Melvin Dasheill	Other Coutributory Causes of importance:
(State or country) ashe'll is 13. NAME Melvin Dashe'll	- Rescuerces :
13. NAME Melving Sasher States 14. BIRTHPLACE (city or town) Marion States (State or country)	Neme of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stee South Steel 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. Date 19.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Male Date Male 195	A Nature of injury
19. UNDERTAKER T. Controvas	24. Was disease or injury in any way related to occupation of deceased?
(Address) Stevensville, Md	If so, specify
20, FILED Nov to 1037 F.C. Thoquas	(Signed) The Might M. I
Local Registrat	Address) Alexander Allender

V. S. No. 1

WRITE

stated EXACTLY. PHYSICIANS should state

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AGE should be

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properly classified.

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Exact statement of OCCUPA-

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Cerebral hemorrhage DEC 8	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:	metally.	
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(/3/)
county Luces anne Co	Registration Dist. No. 251
Village or City Rue	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2.6ds. How long in U.S. if of foreign birth?
2. FULL NAME Cliner Eugene 70	g wellslyteran specify WAR
(a) Residence: No. Cual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // (Month) (Day) (Toar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia melvin Fogmell:	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Jan 28, 1860	I last saw h walliva on 11/22 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1130 m.
77 8 26 1 day, 23 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particular kind of work dona as SPINNER	Cirebral Tumonhays Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O. Date daceased last worked at this occupation (month and	
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date daceasad last worked at this occupation (month and Oct. 37, occupation parties)	39
12. BIRTHPLACE (city or town) Sudlesville; (State or country) maruland:	Other Postributor Causes of Importance: assurance Courses of Mascular Granders Alganisher
1 1	algorithm "24
14. BIRTHPLACE (city or town) Suddersille	Name of operation Data of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) millington	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Multiple (Stata or country)	Accidant, suicide, or homicida?
17. INFORMANT anita H. Whiting (muse)	Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ridgely, Ind. 18. BURIAL, CREMATION OR REMOVAL	
15. Date 11/28, 193.5	Mannar of injury
19. UNDERTAKE AN SOUTH	A. Was disaase or injury In 201 way related to occupation of deceased?
(Address) Tunck / Well Mile	If so, specify
20. FILED Ner 28, 1937 Wome H. Loods. Registra.	(Signed) (Address) Holds Coro mad M. D.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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BUREAU V S. 1	· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No.

1. PLACE OF DEATH County Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village of City	1. PLACE OF DEATH	
Village of City	County Luces Unne	Registration Dist. No. 252
Langth of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residenc	Village or City Centreville	No. St Ward
2. FULL NAME. Mathemiel Holling (a) Residence: No. (Unsaphece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKIED, WIDOWED, OR BYORCEO (CONTROL (Month)) 7. AGE 7. AGE 8. Trade, profession, or particular (Month) 9. SOURCE (Course) 10. Date of DEATH 11. LESS than 1 (Month) 12. BIRTHPLACE (Colfy or Ibunh) 13. SINCLE MARKIED, WIDOWED, OR MIDOWED, OR MIDOWED		
(a) Residence: No. (Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS 3, SIX (a) Color or RACE OR BUYOKEDE (user) the word) Sa. If married, wildowed, or diversed (whenth) (by) Sa. If married, wildowed, or diversed (color) the word) (color) the or own that the color of the word (color) the word) Sa. If married, wildowed, or diversed (whenth) (solor) the or own that the color of the word (color) the word) Sa. If married, wildowed, or diversed (whenth) (solor) the or own that the color of the word of (color) the word (color) the word (color) the or own that the color of the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Sa. Trade, profession, or particular wildows, and years (color) to have occurred on the date stated above, at 1.5 m. Date of constitution, and years (color) to have occurred on the date stated above, at 1.5 m. Date of color the profession, or particular wildows, and years (color) to have occurred in the particular wildows at 1.5 m. Sa. Trade, profession, or particular wildows, or particular wildows, oreceived on the date stated above, at 1.5 m. Sa. Trade, professio	70 -1 -1 -1 -1'	
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Mall Colored OR DIVORCED (weight the word) 5a. If martinel, widowed, or divorced HUSBAID or Correct HUSBAID or Correct HUSBAID or Correct HUSBAID or HUSB		
HUSBAND of (or) Wife of 22. HEREBY CERTIFY. The I eltended displaced from (or) Wife of 22. HEREBY CERTIFY. The I eltended displaced from 19.7. **EMATPORTOR month, day, end year)	Male Colored OR DIVORCED (rurige the word)	Nov. 19 - 1937
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7. AGE Years Months Days If LESS than 1 day,	Coxte OF SHATH (Month, day, and year) Sant. 2, -186/	I last saw h. Le elive on / Leo 1 ,1937; death is said
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19. UNDERTAKER Comis & Eddins 24. Was disease or injury In eny way related to occupation of deceased? 20. FILED by 22, 1937 Illamis & Bright (Signed) (Address) (Address) M. D.		Manner of injury
20. FILED pv. 22, 1937 Mamis & Bright. (Signed) M. D. (Address) M. D.	Piace Gorddown Date ov. 22, 19.37	Neture of injury_\
20. FILED. PV.: Act., 193 / Il turnus D. Cocal Resistrar. (Address)		
	Local Registrar.	(Address)

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11.—The number of years the deceased followed the occupation.

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Example 1	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			2.200			

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED AGE should be lation should be carefully supplied. WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MAR	YLAND—	CERTIFICAT	TE OF DEA	TH	2150
1. PLACE OF DEATH		(93:	②	q	~ 100
County Allien Muces			Registration	Dist. No.	1.3
Village or City Letter	,;	No		St.,_	War
Length of residence in sity or town where death occurred	*	death occurred in a hospital o			
2. FULL NAME John Soll					
(a) Residence: No		St., Ward.			
(Usual place	of abode)		If nonresident	give city or town a	and State
PERSONAL AND STATISTICAL PART			AL CERTIFICATE	OF DEATH	
	RRIED, WIDDWED. ED (write the word)	21. DATE OF DEA	(Month)	27	, 193
a. If married, widowed or divorced	winey.		(Month)	(pay)	(10%)
HUSBAND OF CORD WIFE OF PATTICE LOW	es .	22. HOVE	EBY CERTIF	Y. That attende	ed deceased fr
		11-4	, 1922(, to		
AGE Years Months Days	If LESS than	I last saw h alive	ete steted above, et	, 19	t death is s
1 7 70	1 day,hrs.	The PRINCIPAL CAUSE O	F DEATH and related caus		
8. Trede, profession, or particular	ormin.	were as follows:		-	_ Date of on
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	suau	Cleut	2 Willa	tem	
9 Industry or business in which work was done, as SILK MILL,		lv	• 1	_	
SAW MILL, BANK, etc		114	ear		
	time (years) ent in this	Trimany course	· Chrosie my	rearditis.	Cart P
year) oc	upation	1	of importence Deve Sti		do
2. BIRTHPLACE (city or town) Shared (State or pountry)					
13. NAME LOWW Jolus					
13. NAME LOW (SJUE) 14. BIRTHEYACE (city or town) leliestes		Name of operation		Date of	
(State or country)	-d		osis?		
15. MAIDEN NAME TURNOR	un	23. If death was due to exte			
16. BIRTHPLACE (city or town)		Accident, suicide, or homic	clde?	Date of Injury	, 19
(State or country)	7 /	Where did injury occur?			
7. INFORMANT 1 Capifey To	es	Specify whether injury occ	(Specify city of curred in INDUSTRY, in HE	town, county and S OME, or In PUBLIC	PLACE.
(Address) 8. BURIAL, CREMATION, DR. REMOVAL	· / VCC·	Monney of Injury			
Place lettester Date 1/1/1	7/30 1937	Manner of Injury			
4.0 41		1		-Al	
9. UNDERTAKER (Address)	2000 711	24. Was disease or minry li	n any way related to occup	ation of deceased?_	
700195 37 70 1	The most	(Signed)	0-(0)M	14 des	6.1
20. FILEDALA, 19-3. J. T. X. C., J. V.	Registrar.	(Address)	There	ught	le
If more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltin	nore, Requesting V. S. No.	. z. (

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Cerebral hemorrhage DEC 8 186	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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sta UP	1. PLACE OF DE
of CC	County Puce
shoul f OC	Village or City
t o t	Langth of residance in
IAN men	2. FULL NAME
D. I. SIC	(a) Residence: No.
OR) HY t st	DEDCOMALA
P P Rac	PERSONAL A
Y X	3. SEX 4. COI
G. L.	Trace (
VITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- iully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPA- it. See instructions on back of certificate.	5a. If married, widowad, or di HUSBAND of (or) WIFE of
EX EX cl	6. OATE OF BIRTH (month,
PH H	7. AGE Yaars
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IS sta pro pro	- 8 Trada, profassion, or
IIS be of	kind of work don SAWYER, BOOKK
T.H.	9. Industry or business
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Sh sh on it	D. Date deceased last this occupation (
NG INK AGE sh that it ions on l	year)
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ITH UNFA	13. NAME LOT
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Iy ly lain	(State or country
WI ful n p	15. MAIDEN NAME
LY, W carefu TH in	16. BIRTHPLACE (city or
e c	State or country
ALTAIN IN DEA	17. INFORMANT BUS
PLA nould DF D	(Addrass)
	18. BURIAL, CREMATION, OF
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WR ati	19. UNDERTAKER
FOF	(Address)
(-)	20 5450 Mord. 12
Z	20. FILEO /

STATE OF MARYLAND	CERTIFICATE OF DEATH 12151
1. PLACE OF DEATH	- 39 Uh-
County Queen Genes	Registration Dist. No. 254
Village or City Kent Marrows	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrsmos	s Jds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME aus of Jone	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OLVORCEO (write the word) Male Polored Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. A HEREBY CERTIFY That I attended deceased from
(or) WIFE of Bessie Souls	Mv. (3 1937 Wv. 63 1937
6. OATE OF BIRTH (month, day, and year) Asked 7- 1887	I last saw halinforous deaper; daath is said
7. AGE Yaars Months Days if LESS than	to have occurred on the Ata stated above, at _8_Am.
50 5 6 1 day,hrs.	THE TRINCIPAL CAUGE OF OLATIF and taleto causes of importance
Trada profession or particular	Coronary thromboes Monet
kind of work done, as SPINNER abover SAWYER, BOOKKEEPER, etc.	3.193
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	Gibete mellites 3ve.
U 1D. Date deceased last worked at 11. Total time (years)	y mover symmetries o yay
this occupation (month and spent in this occupation occupation	
12 DIDTUDI ACE (situat town)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Maryland	Chronic withhhal 300
II 13. NAME Teorge W. Voues	suplaites and emocarordis
13. NAME Slove W. Voul	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CHIRLOWN	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (MICHOLOW) 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Oate of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DESCRIPTION (Addrass)	Spacify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Xa As - Field Gettell Stief - 100 - 16 195.	Natura of injury
19, UNDERTAKER F. C. Thomas	24. Was disaase or injury in any way related to occupation of daceased?
(Address) Illeganille Mil	If so, spacify
20. FILEO NOV. 13, 1937 Hiller My Aldridge Registrar.	(Signed) Cauchy Charles (Addrass) Cauchy Charles (Addrass) Cauchy Charles (Addrass) Cauchy Charles (Cauchy Charles) Charles (Cau
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Yeer)

(Day)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (Stata or country) HER

13. NAME

Ö

FAT

MOTHER

14, BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVE

19. UNDERTAKER

Registrar.

Other Contributory Causes of importance:

Neme of operation_. Whet test confirmed diegnosis?____ Was there an autopsy?____

23. If death was dua to extarnal causes (VIOLENCE) fill in elso the following:

Where did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

24. Wes diseese or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

S. No.

BINDING

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OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	DEC 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BURFAU V.	S. 11			
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 12100
County July anne	Registration Dist. No. 252
Village or City Centrevere	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
60 0 f f 10 00	sds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Was Rakers Rack	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Correction of Divorced (write the word) 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200. 2- 1937
5a. If marriad, widowad, or-divorced	(Month) (Day) (Yaar)
HUSBAND of J. Fletcher Ralph	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feli 12 -1869	I last saw her aliva on how 2- 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 45 Pm.
68 8 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importanca wara as follows: Date of onset
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc.	Clarone Myse or ditis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Baltumare	Other Coutributory Causes of importance:
(State or country)	
13. NAME Herry They are Raberts	
13. NAME Steery They save Raberts 14. BIRTHPLACE (city or town) See Bersonie	Neme of operation
(Stata of country)	What test confirmed diagnosis?
15. MAIDEN NAME Marchy to Kenting	23. If daeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marely Category 16. BIRTHPLACE (city or town) College Trender	Accident, suicide, or homicide? Date of Injury
∑ (State or country)	Where did Injury occur?
17. INFORMANT - + leteker Kolph (Address) Custrevele, m.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Olux revell pate Nov 5, 1937	Nature of injury
19. UNDERTAKER Barton Bra	24. Wes disease or injury in eny way ralated to occupation of deceased?
20. FILED Der 5 1937 Marie & Bright	(Signed) When Factor M. I
Local Registrar.	(Addrass) (accheville ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORRES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-state UPA-MARGIN RESERVED FOR BINDING

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Jo 1	plu	000	1
WRITE PL. LY, WILT UNFADING INK-THIS IS A PERMANENT RE RD. Every item of i	htion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	1
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ver	IAN	nen	1
E	100	ater	
2	[XS	st	
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IS	st	pr	cer
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F	plu	lay	ack
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SZ	AG	th	ion
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F	S	ain	Se
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	P)E	i
PL	onlo	FI	10N is very important. See instructions on back of certificate.
E E	she	30	S
RIT	ion	SI	Z
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- 952
County Queen Annes	Registration Dist. No. 254
Village or City Queenstown Md	No. St. Ward
10	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Henry P. Smith	If U. S. Veteran, specify WAR
(a) Residence: No. Galtimore My	. St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 15 1937
5a If married with most or diversed	(Month) (Day) (Yaar)
5a. If married, Wildwood, or divorced HUSBAND of Velma	22. I HEREBY CERTIFY. That I attended daceasad from Nov I5 1937
6. DATE OF BIRTH (month, day, and year) apr. 18-1873	i last saw h aliva on A, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad abova, at 9.15 m,
L11 1 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
· 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1	wara as follows: Date of oneet
8. Trade, profassion, or particular kind of work dona, as SPINNER, Hardwood floor SAWYER, BOOKKEPPER, atc.	Cardiac Asthma
SAWYER, BOUNKEEPER, Stc.	Oarulac Asomna
Mindustry or business in which work was done, as SILK MILL, Contractor	
() 10 Date decased last worked after 11 Total time (years)	
o this occupation (month and len. 1930 spent in this 25 f	
9h	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	-
I 13. NAME John Smyth	
13. NAME AND ANGELLA 14. BIRTHPLACE (city or town)	Name of oparation
(State of Council)	What tast confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME / Carthal	23. if daath was due to axtarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME / Carthal 16. BIRTHPLACE (sity or town) Marchael (State or country)	Accidant, suicide, or homicide? Data of injury
E (State excountry)	Whara did Injury occur?
17. INFORMANT Seventor Dailey Md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem	Mannar of injury
Place Paltimon The Date 11-17-, 1937	Nature of injury
19. UNDERTAKER UM COR Batto M. (Addrass) 1717 84 Paul St. Batto M.	24. Was disaasa or injury in any way related to occupation of decaased?
20. FILED NOV. 15., 19.37 Welen M. aldridge	(Signad) MAD (Addrass) Manual VIII WA
force Registral	" (William)

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BUSHALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year